

| IDENTIFICATION | |
|---|----------------------|
| NAME AND CODE OF DISTRICT _____ | <input type="text"/> |
| NAME AND CODE OF VILLAGE/MUNICIPALITY _____ | <input type="text"/> |
| WARD NUMBER..... | <input type="text"/> |
| CLUSTER NUMBER..... | <input type="text"/> |
| HOUSEHOLD NUMBER..... | <input type="text"/> |
| CITY=1/TOWN=2/COUNTRYSIDE=3..... | <input type="text"/> |
| NAME OF HOUSEHOLD HEAD _____ | <input type="text"/> |
| NAME AND LINE NUMBER OF WOMAN _____ | <input type="text"/> |

| INTERVIEWER VISITS | | | | |
|---|-------|-------|-------|---|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | _____ | _____ | _____ | DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> INT. CODE RESULT |
| INTERVIEWER'S NAME | _____ | _____ | _____ | |
| RESULT* | | | | |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NO. OF VISITS <input type="text"/> |
| | _____ | _____ | | |
| *RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) | | | | |

| LANGUAGE | |
|--|----------------------|
| LANGUAGE OF QUESTIONNAIRE: ENGLISH _____ | <input type="text"/> |
| LANGUAGE OF INTERVIEW *** _____ | <input type="text"/> |
| HOME LANGUAGE OF RESPONDENT*** _____ | <input type="text"/> |
| WAS A TRANSLATOR USED? (YES=1, NO=2) | <input type="text"/> |
| *** LANGUAGE CODES: 1 NEPALI 2 BHOJPURI 3 MAITHILI 4 THARU 5 OTHER | |

| SUPERVISOR | FIELD EDITOR | OFFICE EDITOR | KEYED BY |
|---------------------------------|---------------------------------|----------------------|----------------------|
| NAME _____ <input type="text"/> | NAME _____ <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DATE _____ | DATE _____ | | |

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 →END

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|-------|
| 101 | RECORD THE TIME. | HOUR MINUTES | |
| 101A | COLLECT ANY RELEVANT DOCUMENTS THAT MAY HAVE INFORMATION ON THE RESPONDENT'S AGE AND HER CHILDREN'S AGE AND IMMUNISATIONS. | | |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside? | CITY 1 TOWN..... 2 COUNTRYSIDE 3 | |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS ALWAYS..... 95 VISITOR 96 | ↘ 105 |
| 104 | Just before you moved here, did you live in a city, in a town, or in the countryside? | CITY 1 TOWN..... 2 COUNTRYSIDE 3 | |
| 105 | In what month and year were you born? | MONTH DON'T KNOW MONTH 98 YEAR..... DON'T KNOW YEAR..... 9998 | |
| 106 | How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS | |
| 107 | Have you ever attended school? | YES 1 NO 2 | → 110 |
| 108 | What is the highest grade you completed? | GRADE | |
| 109 | CHECK 108: GRADE 5 OR BELOW <input type="checkbox"/> GRADE 6 AND ABOVE <input type="checkbox"/> | | → 113 |
| 110 | Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? | CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE..... 2 ABLE TO READ WHOLE SENTENCE..... 3 NO CARD WITH REQUIRED LANGUAGE..... 4 (SPECIFY LANGUAGE) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|---------|
| 111 | Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)? | YES 1 NO 2 | |
| 112 | CHECK 110: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' CIRCLED <input type="checkbox"/> | | → 114 |
| 113 | Do you usually read a newspaper or magazine at least once a week? | YES 1 NO 2 | |
| 114 | Do you usually listen to the radio every day? | YES 1 NO 2 | |
| 115 | Do you usually watch television at least once a week? | YES 1 NO 2 | |
| 116 | What is your religion? | HINDU 1 BUDDHIST 2 MUSLIM 3 CHRISTIAN 4 OTHER _____ 6 (SPECIFY) | |
| 117 | What is your caste? WRITE CASTE IN SPACE PROVIDED. DO NOT FILL BOX. CODE WILL BE ENTERED BY FIELD EDITOR. | <input type="text"/> CASTE | |
| 118 | Are you currently married or are you widowed, divorced, or separated? | CURRENTLY MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4 | } → 124 |
| 119 | Is your husband living with you now or is he staying elsewhere? | LIVING WITH HER 1 STAYING ELSEWHERE 2 | → 121 |
| 120 | How long has he been away without coming back? IF LESS THAN 1 MONTH, WRITE '00'. | MONTHS <input type="text"/> MORE THAN 2 YEARS 95 DOES NOT KNOW 98 | |
| 121 | RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. | NAME _____ LINE NO. <input type="text"/> | |
| 122 | Does your husband have any other wives besides yourself? | YES 1 NO 2 | → 124 |
| 123 | How many other wives does he have? | NUMBER <input type="text"/> DON'T KNOW 98 | → 124 |
| 123A | Are you the first, second, wife? | RANK <input type="text"/> | |
| 124 | Have you been married only once, or more than once? | ONCE 1 MORE THAN ONCE 2 | |
| 125 | How old were you when you (first) got married? | AGE <input type="text"/> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------------------------|
| 126 | <p>CHECK 124:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MARRIED ONLY ONCE</p> <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> <p>↓</p> </div> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE</p> <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> <p>↓</p> </div> </div> <p>In what month and year did you start living with your husband?</p> <p>Now we will talk about your first husband. In what month and year did you start living with him?</p> | <p>MONTH <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div></p> <p>DON'T KNOW YEAR 9998</p> <p>HAS NOT STARTED LIVING WITH HIM 9996</p> | <p>→201</p> <p>→END</p> |
| 127 | <p>How old were you when you started living with him?</p> <p>PROMPT: At gauna?</p> | <p>AGE <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div></p> | |

SECTION 2: REPRODUCTION

Now I would like to ask about all the pregnancies you have had during your life. By this I mean all the children born to you, whether they were born alive or dead, whether they are still living or not, whether they live with you or somewhere else, and all the pregnancies which you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died or pregnancies that ended before full term, but it is important that you tell us about all of them, so that we can develop programs to improve children's health.

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|--|---|------|--|--|--|--|--|--|--|--|
| 201 | First I would like to ask about all the births you have had during your life. Have you ever given birth? | YES 1 NO 2 | →206 | | | | | | | | |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES 1 NO 2 | →204 | | | | | | | | |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'. | SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES 1 NO 2 | →206 | | | | | | | | |
| 205 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. | SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 206 | Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days? | YES 1 NO 2 | →208 | | | | | | | | |
| 207 | How many boys have died? And how many girls have died? IF NONE, RECORD '00'. | BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 208 | Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in a miscarriage or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth? | YES 1 NO 2 | →210 | | | | | | | | |
| 209 | How many pregnancies have you had that did not end in a live birth? | PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 210 | SUM ANSWERS TO 203, 205, 207, AND 209 AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 211 | CHECK 210: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-210 AS NECESSARY. | | | | | | | | | | |
| 212 | CHECK 210: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> _____ →233 | | | | | | | | | | |

| | | | | | | | |
|-----|---|---|---|------------------------------------|----------------------------|--|--------------------------------------|
| 213 | Now I would like to record all your pregnancies, whether born alive, born dead, or lost before birth. Start with the first pregnancy you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. | | | | | | |
| 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 |
| | Think back to the time of your first pregnancy. Was that a single or multiple pregnancy? | Was the baby born alive, born dead, or lost before birth? | Did that baby cry, move, or breathe when it was born? | What name was given to that child? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? | Is (NAME) still alive? |
| 01 | SING... 1 MULT.. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL..2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 02 | SING... 1 MULT.. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL..2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 03 | SING... 1 MULT.. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL..2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 04 | SING... 1 MULT.. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL..2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 05 | SING... 1 MULT.. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL..2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 06 | SING... 1 MULT.. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL..2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 07 | SING... 1 MULT.. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL..2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 08 | SING... 1 MULT.. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL..2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |

| IF BORN ALIVE AND STILL LIVING | | | IF BORN ALIVE, BUT NOW DEAD | IF BORN DEAD OR LOST BEFORE BIRTH | | | |
|---|----------------------------|--|--|---|---|--|---|
| 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 |
| How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD) | How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS. | In what month and year did this pregnancy end? | How many months did the pregnancy last? RECORD IN COMPLETED MONTHS. | Did you or someone else do anything to end this pregnancy? | Were there any other pregnancies between the previous pregnancy and this pregnancy? |
| 01 AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT PREGNANCY) | DAYS1 <input type="text"/> <input type="text"/> MONTHS .2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> (NEXT PREGNANCY) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES 1 NO 2 | |
| 02 AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 229) | DAYS1 <input type="text"/> <input type="text"/> MONTHS .2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES 1 NO 2 | YES..... 1 NO 2 |
| 03 AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 229) | DAYS1 <input type="text"/> <input type="text"/> MONTHS .2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES 1 NO 2 | YES..... 1 NO 2 |
| 04 AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 229) | DAYS1 <input type="text"/> <input type="text"/> MONTHS .2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES 1 NO 2 | YES..... 1 NO 2 |
| 05 AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 229) | DAYS1 <input type="text"/> <input type="text"/> MONTHS .2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES 1 NO 2 | YES..... 1 NO 2 |
| 06 AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 229) | DAYS1 <input type="text"/> <input type="text"/> MONTHS .2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES 1 NO 2 | YES..... 1 NO 2 |
| 07 AGE IN YEARS <input type="text"/> <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 229) | DAYS1 <input type="text"/> <input type="text"/> MONTHS .2 <input type="text"/> <input type="text"/> YEARS.....3 <input type="text"/> <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES 1 NO 2 | YES..... 1 NO 2 |
| 08 AGE IN YEARS <input type="text"/> <input type="text"/> | YES.....1 NO..... 2 | LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 229) | DAYS 1 <input type="text"/> <input type="text"/> MONTHS ...2 <input type="text"/> <input type="text"/> YEARS..... 3 <input type="text"/> <input type="text"/> (SKIP TO 229) | MONTH.. <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTHS <input type="text"/> <input type="text"/> | YES..... 1 NO..... 2 | YES..... 1 NO..... 2 |

| | | | | | | | |
|-----|--|---|---|------------------------------------|----------------------------|--|--|
| 213 | Now I would like to record all your pregnancies, whether born alive, born dead, or lost before birth. Start with the first pregnancy you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. | | | | | | |
| 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 |
| | Think back to the time of your first pregnancy. Was that a single or multiple pregnancy? | Was the baby born alive, born dead, or lost before birth? | Did that baby cry, move, or breathe when it was born? | What name was given to that child? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? | Is (NAME) still alive? |
| 09 | SING ... 1 MULT .. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL...2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 10 | SING ... 1 MULT .. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL...2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 11 | SING ... 1 MULT .. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL...2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 12 | SING ... 1 MULT .. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL...2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 13 | SING ... 1 MULT .. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL...2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |
| 14 | SING ... 1 MULT .. 2 | BORN ALIVE.....1 (SKIP TO 218)← BORN DEAD.....2 LOST BEFORE BIRTH3 (SKIP TO 226)← | YES..... 1 NO 2 ↓ 226 | _____ (NAME) | BOY...1 GIRL...2 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | YES..... 1 NO 2 ↓ 225 |

| IF BORN ALIVE AND STILL LIVING | | | IF BORN ALIVE, BUT NOW DEAD | IF BORN DEAD OR LOST BEFORE BIRTH | | | |
|--|--|--|---|---|--|--|--|
| 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 |
| How old was (NAME) at his/her last birthday? RECORD IN COMPLETED YEARS. | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD) | How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS. | In what month and year did this pregnancy end? | How many months did the pregnancy last? RECORD IN COMPLETED MONTHS. | Did you or someone else do anything to end this pregnancy? | Were there any other pregnancies between the previous pregnancy and this pregnancy? |
| 09 AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ (SKIP TO 229) | DAYS 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES 1 NO 2 | YES 1 NO 2 |
| 10 AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ (SKIP TO 229) | DAYS 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES 1 NO 2 | YES 1 NO 2 |
| 11 AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ (SKIP TO 229) | DAYS 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES 1 NO 2 | YES 1 NO 2 |
| 12 AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ (SKIP TO 229) | DAYS 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES 1 NO 2 | YES 1 NO 2 |
| 13 AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ (SKIP TO 229) | DAYS 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES 1 NO 2 | YES 1 NO 2 |
| 14 AGE IN YEARS <input type="text"/> | YES 1 NO 2 | LINE NUMBER <input type="text"/> ↓ (SKIP TO 229) | DAYS 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS 3 <input type="text"/> (SKIP TO 229) | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES 1 NO 2 | YES 1 NO 2 |
| 230 | Have you had any pregnancy since the last pregnancy mentioned? | | | YES 1 NO 2 | | | |
| 231 | COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN 220 OR 226. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 222. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 225. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE FOR EXACT NUMBER OF MONTHS. | | | | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 232 | CHECK 220 AND ENTER THE NUMBER OF LIVE BIRTHS SINCE BAISAKH 1, 2052. IF NONE, RECORD '0'. | | | | | | <input type="text"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 233 | CHECK 118: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> | | →237 |
| 234 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | ↵237 |
| 235 | How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. | MONTHS <input type="text"/> | |
| 236 | At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | WANTED THEN 1 WANTED TO WAIT LATER 2 DID NOT WANT AT ALL 3 | |
| 237 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | |
| 238 | From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations? | YES 1 NO 2 DON'T KNOW 8 | ↵301 |
| 239 | Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods? | JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALF WAY BETWEEN PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8 | |

SECTION 3. CONTRACEPTION



Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

| 301 | Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? | 302 | | |
|-----|---|--|--|--|
| 01 | FEMALE STERILIZATION Women can have an operation to avoid having any more children (also known as tubal ligation). | YES.....1 NO2 ▾ | Have you ever had an operation to avoid having any more children? YES1 NO2 | |
| 02 | MALE STERILIZATION Men can have an operation to avoid having any more children (also known as vasectomy). | YES.....1 NO2 ▾ | Have you ever had a partner who had an operation to avoid having any more children? YES1 NO2 | |
| 03 | PILL Women can take a pill every day to avoid becoming pregnant (example: Nilocon) | YES.....1 NO2 ▾ | YES1 NO2 | |
| 04 | IUD Women can have a loop or coil placed inside them by a doctor or a nurse (example: Copper-T, Loop). | YES.....1 NO2 ▾ | YES1 NO2 | |
| 05 | INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months (example: Sangini/Depo Provera). | YES.....1 NO2 ▾ | YES1 NO2 | |
| 06 | IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years (also known as NORPLANT). | YES.....1 NO2 ▾ | YES1 NO2 | |
| 07 | CONDOM Men can put a rubber sheath on their penis before sexual intercourse (example: Daal). | YES.....1 NO2 ▾ | YES1 NO2 | |
| 08 | FOAM OR JELLY Women can place a suppository, foaming tablets, jelly, or cream in their vagina before intercourse (example: Kamal). | YES.....1 NO2 ▾ | YES1 NO2 | |
| 09 | RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. | YES.....1 NO2 ▾ | YES1 NO2 | |
| 10 | WITHDRAWAL Men can be careful and pull out before climax. | YES.....1 NO2 ▾ | YES1 NO2 | |
| 11 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO2 ▾ | YES1 NO2 YES1 NO2 | |
| 303 | CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> | | →306 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|---|-------|
| 304 | Have you or your husband ever used anything or tried in any way to delay or avoid getting pregnant? | YES1 NO 2 | →329 |
| 305 | What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY). | | |
| 306 | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'. | NUMBER OF CHILDREN <input type="text"/> <input type="text"/> | |
| 307 | CHECK 118: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED SEPARATED <input type="checkbox"/> | | →401 |
| 308 | CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> | | →311A |
| 309 | CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | →329 |
| 310 | Are you or your husband currently doing something or using any method to delay or avoid getting pregnant? | YES1 NO 2 | →329 |
| 311 | Which method are you using? | FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FOAM/JELLY H PERIODIC ABSTINENCE I WITHDRAWAL J OTHER X (SPECIFY) | →316A |
| 311A | CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, CIRCLE ALL METHODS MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. | | |
| 312 | Where did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND CODE 'B' ARE CIRCLED IN 311, ASK 312-317 ABOUT FEMALE STERILIZATION ONLY. | GOVERNMENT SECTOR GOVT. HOSPITAL/CLINIC 11 PRIMARY HEALTH CARE CENTRE/HEALTH CENTRE 12 MOBILE CAMP 19 OTHER GOV'T 16 (SPECIFY) NON-GOV'T (NGO) SECTOR FP ASSN. OF NEPAL 21 MARIE STOPES 22 ADRA 23 NEPAL RED CROSS 24 OTHER NGO 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC, NURSING HOME 31 OTHER PRIVATE 36 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|---|
| 313 | <p>CHECK 311:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any more children because of the operation?</p> <p>Before the sterilization operation, was your husband told that he would not be able to have any more children because of the operation?</p> | <p>YES1</p> <p>NO2</p> <p>DON'T KNOW 8</p> | |
| 314 | Do you regret that you/your husband had the operation? | <p>YES1</p> <p>NO 2</p> | →316 |
| 315 | Why do you regret the operation? | <p>RESPONDENT WANTS ANOTHER CHILD01</p> <p>HUSBAND WANTS ANOTHER CHILD .02</p> <p>SIDE EFFECTS03</p> <p>MARITAL STATUS HAS CHANGED04</p> <p>OPERATION FAILED.....05</p> <p>CHILD DIED.....06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 316 | In what month and year was the sterilization performed? | <p>MONTH <input type="text"/></p> <p>YEAR..... <input type="text"/></p> | |
| 316A | <p>For how long have you been using (CURRENT METHOD) now without stopping?</p> <p>PROBE: In what month and year did you start using (CURRENT METHOD) continuously?</p> | <p>MONTH <input type="text"/></p> <p>YEAR..... <input type="text"/></p> | |
| 317 | <p>CHECK 316/316A:</p> <p>YEAR IS 2052 OR LATER <input type="checkbox"/></p> <p>YEAR IS 2051 OR EARLIER <input type="checkbox"/></p> | | →326 |
| 318 | <p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>FEMALE STERILIZATION01</p> <p>MALE STERILIZATION.....02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANTS06</p> <p>CONDOM07</p> <p>FOAM, JELLY08</p> <p>PERIODIC ABSTINENCE09</p> <p>WITHDRAWAL.....10</p> <p>OTHER METHOD 96</p> | <p>→321</p> <p>→332</p> <p>→332</p> <p>→332</p> <p>→332</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------------------------|
| 319 | <p>Where did you obtain (CURRENT METHOD) when you started using it?</p> <p>IF SOURCE IS HOSPITAL, CLINIC, HEALTH CARE CENTER, OR FAMILY PLANNING CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>GOVERNMENT SECTOR</p> <p>GOVT. HOSPITAL/CLINIC11</p> <p>PRIMARY HEALTH CARE CENTRE/ HEALTH CENTRE12</p> <p>HEALTH POST13</p> <p>SUB-HEALTH POST14</p> <p>PHC OUTREACH CLINIC15</p> <p>FCHV17</p> <p>CONDOM BOX18</p> <p>OTHER GOV'T16</p> <p>(SPECIFY)</p> <p>NON-GOV'T (NGO) SECTOR</p> <p>FP ASSN. OF NEPAL21</p> <p>MARIE STOPES22</p> <p>ADRA23</p> <p>NEPAL RED CROSS24</p> <p>OTHER NGO26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC, NURSING HOME31</p> <p>PHARMACY32</p> <p>OTHER PRIVATE36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP41</p> <p>FRIEND/RELATIVE42</p> <p>OTHER96</p> <p>(SPECIFY)</p> | |
| 320 | <p>CHECK 311/311A: CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANTS06</p> <p>CONDOM07</p> <p>FOAM, JELLY08</p> | <p>→326</p> <p>→326</p> |
| 321 | <p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 312 OR 319). At that time, were you told about side effects or problems you might have with the method?</p> | <p>YES1</p> <p>NO2</p> | <p>→323</p> |
| 322 | <p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p> | <p>YES1</p> <p>NO2</p> | <p>→324</p> |
| 323 | <p>Were you told what to do if you experienced side effects or problems?</p> | <p>YES1</p> <p>NO2</p> | |
| 324 | <p>CHECK 321:</p> <p>CODE '1' CIRCLED </p> <p>CODE '1' NOT CIRCLED </p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM 312 OR 319), were you told about other methods of family planning which you could use?</p> | <p>YES1</p> <p>NO2</p> | <p>→326</p> |
| 325 | <p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p> | <p>YES1</p> <p>NO2</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|--|--------|
| 326 | CHECK 311/311A: CIRCLE METHOD CODE: | FEMALE STERILIZATION01 MALE STERILIZATION.....02 PILL.....03 IUD.....04 INJECTABLES05 IMPLANTS06 CONDOM.....07 FOAM, JELLY08 PERIODIC ABSTINENCE09 WITHDRAWAL.....10 OTHER.....96 | →332 →332 →332 →332 →332 | | | | | | | | |
| 327 | Where did you obtain (CURRENT METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) | GOVERNMENT SECTOR GOVT. HOSPITAL/CLINIC11 PRIMARY HEALTH CARE CENTRE/ HEALTH CENTRE12 HEALTH POST13 SUB-HEALTH POST14 PHC OUTREACH CLINIC15 FCHV17 CONDOM BOX18 OTHER GOV'T _____16 (SPECIFY) NON-GOV'T (NGO) SECTOR FP ASSN. OF NEPAL.....21 MARIE STOPES22 ADRA23 NEPAL RED CROSS.....24 OTHER NGO _____26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC, NURSING HOME.....31 PHARMACY.....32 OTHER PRIVATE _____36 (SPECIFY) OTHER SOURCE SHOP41 FRIEND/RELATIVE42 OTHER _____96 (SPECIFY) | | | | | | | | | |
| 328 | How long does it take you to travel from your house to this place? | MINUTES 1 <table border="1" data-bbox="1274 1285 1349 1377" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> HOURS 2 <table border="1" data-bbox="1274 1339 1349 1432" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> DOES NOT KNOW998 | | | | | | | | | } →332 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 329 | Do you know of a place where you can obtain a method of family planning? | YES1 NO2 | →332 | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | |
|-----|--|---|------|--|--|--|--|
| 330 | <p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p> | <p>GOVERNMENT SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>PRIMARY HEALTH CARE CENTRE/ HEALTH CENTRE B</p> <p>HEALTH POST C</p> <p>SUB-HEALTH POST D</p> <p>PHC OUTREACH CLINIC E</p> <p>FCHV F</p> <p>CONDOM BOX G</p> <p>OTHER GOV'T _____ H (SPECIFY)</p> <p>NON-GOV'T (NGO) SECTOR</p> <p>FP ASSN. OF NEPAL I</p> <p>MARIE STOPES J</p> <p>ADRA K</p> <p>NEPAL RED CROSS L</p> <p>OTHER NGO _____ M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC, NURSING HOME N</p> <p>PHARMACY O</p> <p>OTHER PRIVATE _____ P (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP Q</p> <p>FRIEND/RELATIVE R</p> <p>OTHER _____ X (SPECIFY)</p> | | | | | |
| 331 | <p>How long does it take you to travel from your house to the nearest place?</p> | <p>MINUTES 1 <table border="1" data-bbox="1273 1010 1349 1052"><tr><td></td><td></td></tr></table></p> <p>HOURS 2 <table border="1" data-bbox="1273 1062 1349 1104"><tr><td></td><td></td></tr></table></p> <p>DOES NOT KNOW 998</p> | | | | | |
| | | | | | | | |
| | | | | | | | |
| 332 | <p>In the last 12 months, were you visited by a health worker who talked to you about family planning?</p> | <p>YES 1</p> <p>NO 2</p> | | | | | |
| 333 | <p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p> | <p>YES 1</p> <p>NO 2</p> | →401 | | | | |
| 334 | <p>Did any staff member at the health facility speak to you about family planning methods?</p> | <p>YES 1</p> <p>NO 2</p> | | | | | |

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

| | | | |
|-----|--|---|---|
| 401 | CHECK 232: ONE OR MORE BIRTHS SINCE BAISAKH 1, 2052 <input type="checkbox"/> NO BIRTHS SINCE BAISAKH 1, 2052 <input type="checkbox"/> | →484 | |
| 402 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE BAISAKH 1, 2052 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately) | | |
| 403 | LINE NUMBER FROM 214 | LAST BIRTH LINE NUMBER..... <input type="text"/> | NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> |
| 404 | FROM 218 AND 221 | NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN.....1 (SKIP TO 407)← LATER.....2 NOT AT ALL.....3 (SKIP TO 407)← | THEN.....1 (SKIP TO 422)← LATER.....2 NOT AT ALL.....3 (SKIP TO 422)← |
| 406 | How much longer would you like to have waited? | MONTHS..... 1 <input type="text"/> YEARS..... 2 <input type="text"/> DON'T KNOW.....998 | MONTHS..... 1 <input type="text"/> YEARS..... 2 <input type="text"/> DON'T KNOW.....998 |
| 407 | Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN. | HEALTH PROFESSIONAL DOCTOR..... A NURSE/AUX.N.MIDWIFE..... B HEALTH ASST/AUX.HEALTH WORKER..... C MCH WORKER..... D VILLAGE HEALTH WORKER.... E OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... F OTHER _____ X (SPECIFY) NO ONE..... Y (SKIP TO 415)← | |
| 408 | How many months pregnant were you when you first received antenatal care for this pregnancy? | MONTHS..... <input type="text"/> DON'T KNOW.....98 | |
| 409 | How many times did you receive antenatal care during this pregnancy? | NO. OF TIMES..... <input type="text"/> DON'T KNOW.....98 | |
| 410 | CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE | ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 412) | |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|---|---|---|
| | | NAME _____ | NAME _____ |
| 411 | How many months pregnant were you the last time you received antenatal care? | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98 | |
| 412 | During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? | YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2 | |
| 413 | Were you told about the signs of pregnancy complications? | YES1 NO2 (SKIP TO 415)← DON'T KNOW8 | |
| 414 | Were you told where to go if you had these complications? | YES1 NO2 DON'T KNOW8 | |
| 415 | During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES1 NO2 (SKIP TO 417)← DON'T KNOW8 | |
| 416 | During this pregnancy, how many times did you get this injection? | TIMES..... <input type="text"/> DON'T KNOW8 | |
| 417 | During this pregnancy, were you given or did you buy any iron/folic acid tablets? SHOW IRON FOLATE TABLETS. | YES1 NO2 (SKIP TO 419)← DON'T KNOW8 | |
| 418 | During the whole pregnancy, for how many days did you take the tablets ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998 | |
| 419 | During this pregnancy, did you have difficulty with your vision during the daylight? | YES1 NO2 DON'T KNOW8 | |
| 420 | During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]? | YES1 NO2 DON'T KNOW8 | |
| 421 | During this pregnancy, did you eat less than usual, about the same or more than you ate before you got pregnant? | LESS THAN USUAL.....1 ABOUT THE SAME.....2 MORE THAN USUAL3 DON'T KNOW8 | |
| 422 | When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small? | VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE3 SMALLER THAN AVERAGE.....4 VERY SMALL5 DON'T KNOW8 | VERY LARGE1 LARGER THAN AVERAGE.....2 AVERAGE3 SMALLER THAN AVERAGE.....4 VERY SMALL5 DON'T KNOW.....8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|--|--|
| 423 | Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. | HEALTH PROFESSIONAL DOCTOR..... A NURSE/AUX.N.MIDWIFE B HEALTH ASST/AUX.HEALTH WORKER..... C MCH WORKER..... D VILLAGE HEALTH WORKER.... E OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... F RELATIVES/FRIENDS..... G OTHER _____ X (SPECIFY) NO ONE Y | HEALTH PROFESSIONAL DOCTOR..... A NURSE/AUX.N.MIDWIFE B HEALTH ASST/AUX.HEALTH WORKER..... C MCH WORKER..... D VILLAGE HEALTH WORKER.... E OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... F RELATIVES/FRIENDS..... G OTHER _____ X (SPECIFY) NO ONE..... Y | | | | | | | | |
| 424 | Where did you give birth to (NAME)? | HOME YOUR HOME 11 (SKIP TO 426)← OTHER HOME 12 GOVERNMENT SECTOR GOVT. HOSPITAL..... 21 PRIMARY HEALTH CARE CEN 22 HEALTH OR SUB-HLTH POST 23 OTHER GOV'T 26 (SPECIFY) NON-GOV'T (NGO) SECTOR UMN/RED CROSS HOSPITAL .31 OTHER NGO 36 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL./NURSING HOME..... 41 OTHER PRIVATE..... 46 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 426)← | HOME YOUR HOME..... 11 (SKIP TO 426)← OTHER HOME 12 GOVERNMENT SECTOR GOVT. HOSPITAL..... 21 PRIMARY HEALTH CARE CEN. 22 HEALTH OR SUB-HLTH POST 23 OTHER GOV'T 26 (SPECIFY) NON-GOV'T (NGO) SECTOR UMN/RED CROSS HOSPITAL .31 OTHER NGO 36 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL./NURSING HOME..... 41 OTHER PRIVATE..... 46 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 426)← | | | | | | | | |
| 425 | Was (NAME) delivered by caesarian section? | YES 1 (SKIP TO 431)← NO 2 | YES..... 1 (SKIP TO 433)← NO 2 | | | | | | | | |
| 426 | Was a special safe delivery kit used? SHOW SAFE DELIVERY KIT MARKETED BY CRS. | YES 1 NO 2 DOES NOT KNOW 8 | YES..... 1 NO 2 DOES NOT KNOW 8 | | | | | | | | |
| 427 | After (NAME) was born, did a health professional or a traditional birth attendant check on your health? | YES 1 NO 2 (SKIP TO 431)← | YES..... 1 NO 2 | | | | | | | | |
| 428 | How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY. | DAYS AFTER DEL 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AFTER DEL. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-----|--|---|---|
| 429 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PROFESSIONAL DOCTOR..... 11 NURSE/AUX.N.MIDWIFE 12 HEALTH ASST/AUX.HEALTH WORKER. 13 MCH WORKER..... 14 VILLAGE HEALTH WORKER... 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... 21 OTHER _____ 96 (SPECIFY) | |
| 430 | Where did this first check take place? | HOME YOUR HOME 11 OTHER HOME 12 GOVERNMENT SECTOR GOVT. HOSPITAL..... 21 PRIMARY HEALTH CARE CEN 22 HEALTH OR SUB-HLTH POST 23 OTHER GOV'T _____ 26 (SPECIFY) NON-GOV'T (NGO) SECTOR UMN/RED CROSS HOSPITAL . 31 OTHER NGO _____ 36 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL./NURSING HOME.....41 OTHER PRIVATE _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY) | |
| 431 | In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE. | YES1 NO2 | |
| 432 | Has your period returned since the birth of (NAME)? | YES1 (SKIP TO 434)← NO2 (SKIP TO 435)← | |
| 433 | Did your period return between the birth of (NAME) and your next pregnancy? | | YES.....1 NO2 (SKIP TO 437)← |
| 434 | For how many months after the birth of (NAME) did you <u>not</u> have a period? | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98 |
| 435 | CHECK 234: RESPONDENT PREGNANT? | NOT PREG- PREGNANT NANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/> (SKIP TO 437) ← | |
| 436 | Have you resumed sexual relations since the birth of (NAME)? | YES1 NO2 (SKIP TO 438)← | |
| 437 | For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW.....98 |
| 438 | Did you ever breastfeed (NAME)? | YES1 NO2 (SKIP TO 446)← | YES.....1 NO2 (SKIP TO 446)← |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|------|--|---|---|
| 439 | How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD [00] HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. | IMMEDIATELY000 HOURS..... 1 <input type="text"/> <input type="text"/> DAYS..... 2 <input type="text"/> <input type="text"/> | IMMEDIATELY000 HOURS..... 1 <input type="text"/> <input type="text"/> DAYS..... 2 <input type="text"/> <input type="text"/> |
| 440 | Did you give (NAME) the yellow milk from the breast or did you squeeze it out and throw it away before you first put (NAME) to the breast? | GAVE YELLOW MILK1 SQUEEZED AND DISCARDED2 | GAVE YELLOW MILK1 SQUEEZED AND DISCARDED2 |
| 441 | In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk? | YES1 NO2 (SKIP TO 443)← | YES.....1 NO2 (SKIP TO 443)← |
| 442 | What was given to (NAME) to drink before your milk began flowing regularly? PROBE: Anything else? RECORD ALL MENTIONED. | MILK OTHER THAN BREASTMILK A PLAIN WATER B SUGAR OR HONEY WATER..... C GHEE D OTHER _____ X (SPECIFY) | MILK OTHER THAN BREASTMILK A PLAIN WATER B SUGAR OR HONEY WATER C GHEE..... D OTHER _____ X (SPECIFY) |
| 443 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 445) ← | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 445) ← |
| 444 | Are you still breastfeeding (NAME)? | YES1 (SKIP TO 447)← NO2 | YES.....1 (SKIP TO 447)← NO2 |
| 445 | For how many months did you breastfeed (NAME)? | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW98 | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 |
| 446 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 449) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 452) | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 449) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 452) |
| 447 | How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/> | NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/> |
| 448 | How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/> | NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/> |
| 449 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES1 NO2 DON'T KNOW8 | YES.....1 NO2 DON'T KNOW.....8 |
| 449A | Was sugar added to any of the foods or liquids (NAME) ate yesterday? | YES1 NO2 DON'T KNOW8 | YES.....1 NO2 DON'T KNOW.....8 |
| 450 | How many times did (NAME) eat solid, semi-solid or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD 7. | NUMBER OF TIMES..... <input type="text"/> DON'T KNOW8 | NUMBER OF TIMES..... <input type="text"/> DON'T KNOW.....8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-----|--|--|--|
| 451 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 452. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 452. |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|------|--|---|---|
| 460 | Please tell me if (NAME) received any of the following vaccinations: | | |
| 460A | A BCG vaccination against tuberculosis, that is, an injection in the upper arm that usually causes a scar? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 460B | Polio vaccine, that is, drops in the mouth? | YES 1 NO 2 (SKIP TO 460E) ← 1 DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 460E) ← 1 DON'T KNOW 8 |
| 460C | When was the first polio vaccine received, just after birth or later? | JUST AFTER BIRTH 1 LATER 2 | JUST AFTER BIRTH 1 LATER 2 |
| 460D | How many times was the polio vaccine received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 460E | DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops? | YES 1 NO 2 (SKIP TO 460G) ← 1 DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 460G) ← 1 DON'T KNOW 8 |
| 460F | How many times? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 460G | An injection to prevent measles? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 461 | Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign? | YES 1 NO 2 (SKIP TO 463) ← 1 DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 463) ← 1 DON'T KNOW 8 |
| 462 | At which national immunization day campaigns did (NAME) receive vaccinations? RECORD ALL MENTIONED. | MAGH 2057 A MANGSIR 2057 B POUSH 2056 C MANGSIR 2056 D | MAGH 2057 A MANGSIR 2057 B POUSH 2056 C MANGSIR 2056 D |
| 463 | Do you remember the recent vitamin A capsule distribution? IF NO, ASK: Does anyone in the household remember the event? SPEAK TO THAT PERSON. | YES 1 NO 2 (SKIP TO 466) ← 1 DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 466) ← 1 DON'T KNOW 8 |
| 464 | Did (NAME) receive a vitamin A capsule during the event in (Kartik/Baisakh)? IF INTERVIEW IS BEFORE BAISAKH, ASK ABOUT KARTIK. IF INTERVIEW AFTER BAISAKH, ASK ABOUT BAISAKH. | YES 1 NO 2 (SKIP TO 466) ← 1 DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 466) ← 1 DON'T KNOW 8 |
| 465 | Please tell me what happened when you took (NAME) for vitamin A? SHOW CAPSULE. IF MENTIONS SPONTANEOUSLY, CIRCLE CODE '1'. FOR ALL NOT MENTIONED, PROBE, AND CIRCLE '2' IF YES AND '8' IF NO OR DK. | YES YES NO SPN PR DK RED CAPSULE 1 2 8 CAPSULE WAS CUT 1 2 8 CHILD'S NAME WRITTEN 1 2 8 CENTRAL SITE 1 2 8 | YES YES NO SPN PR DK RED CAPSULE 1 2 8 CAPSULE WAS CUT 1 2 8 CHILD'S NAME WRITTEN 1 2 8 CENTRAL SITE 1 2 8 |
| 466 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 467 | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | YES 1 NO 2 (SKIP TO 469) ← 1 DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 469) ← 1 DON'T KNOW 8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-----|---|---|---|
| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
| 468 | When (NAME) had a cough, did he/she breathe faster than usual with short, fast breaths? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 469 | CHECK 466 AND 467: FEVER OR COUGH? | "YES" IN 466 OR 467 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 472) | "YES" IN 466 OR 467 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 472) |
| 470 | Did you seek advice or treatment for the fever/cough? | YES 1 NO 2 (SKIP TO 472) ← | YES 1 NO 2 (SKIP TO 472) ← |
| 471 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | GOVERNMENT SECTOR GOVT. HOSPITAL/CLINIC A PRIM. HEALTH CARE CENTRE B HEALTH POST/SUB-H. POST C PHCC OUTREACH CLINIC D FCHV E OTHER GOV'T F (SPECIFY) NON-GOV'T (NGO) SECTOR UMN/RED CROSS G OTHER NGO H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL I CLINIC/NURSING HOME J PHARMACY K OTHER PRIVATE L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N OTHER X (SPECIFY) | GOVERNMENT SECTOR GOVT. HOSPITAL/CLINIC A PRIM. HEALTH CARE CENTRE B HEALTH POST/SUB-H. POST C PHCC OUTREACH CLINIC D FCHV E OTHER GOV'T F (SPECIFY) NON-GOV'T (NGO) SECTOR UMN/RED CROSS G OTHER NGO H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL I CLINIC/NURSING HOME J PHARMACY K OTHER PRIVATE L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER N OTHER X (SPECIFY) |
| 472 | Has (NAME) had diarrhea in the last 2 weeks? | YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 480) ← DON'T KNOW 8 |
| 473 | Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? | LESS THAN USUAL 1 ABOUT THE SAME 2 MORE THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8 | LESS THAN USUAL 1 ABOUT THE SAME 2 MORE THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8 |
| 474 | When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? | LESS THAN USUAL 1 ABOUT THE SAME 2 MORE THAN USUAL 3 STOPPED FOOD 4 NEVER GAVE FOOD 5 DON'T KNOW 8 | LESS THAN USUAL 1 ABOUT THE SAME 2 MORE THAN USUAL 3 STOPPED FOOD 4 NEVER GAVE FOOD 5 DON'T KNOW 8 |
| 475 | Was he/she given a fluid made from a special packet such as Jeevan Jal to drink? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 476 | Was anything (else) given to treat the diarrhea? | YES 1 NO 2 (SKIP TO 478) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 478) ← DON'T KNOW 8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-----|--|---|---|
| 477 | What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED. | PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS..... C HOME REMEDIES/ HERBAL MEDICINES..... D OTHER _____ X (SPECIFY) | PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS..... C HOME REMEDIES/ HERBAL MEDICINES..... D OTHER _____ X (SPECIFY) |
| 478 | Did you seek advice or treatment for the diarrhea? | YES 1 NO 2 (SKIP TO 480) ← | YES 1 NO 2 (SKIP TO 480) ← |
| 479 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | GOVERNMENT SECTOR GOVT. HOSPITAL/CLINIC A PRIM.HEALTH CARE CENTRE . B HEALTH POST/SUB-H.POST C PHCC OUTREACH CLINIC D FCHV E OTHER GOV'T F (SPECIFY) NON-GOV'T (NGO) SECTOR UMN/RED CROSS G OTHER NGO H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL I CLINIC/NURSING HOME J PHARMACY K OTHER PRIVATE L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER..... N OTHER _____ X (SPECIFY) | GOVERNMENT SECTOR GOVT. HOSPITAL/CLINIC..... A PRIM.HEALTH CARE CENTRE . B HEALTH POST/SUB-H.POST C PHCC OUTREACH CLINIC D FCHV..... E OTHER GOV'T F (SPECIFY) NON-GOV'T (NGO) SECTOR UMN/RED CROSS G OTHER NGO H (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL I CLINIC/NURSING HOME J PHARMACY K OTHER PRIVATE L (SPECIFY) OTHER SOURCE SHOP M TRAD. PRACTITIONER..... N OTHER _____ X (SPECIFY) |
| 480 | | GO BACK TO 454 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481. | GO BACK TO 454 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481. |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------------|-------------|---------------|---------------|----------------------|---|---|---|---------------------------|---|---|---|-------------------------------------|---|---|---|--------------------------------------|---|---|---|---------------------------|---|---|---|--------------------------|---|---|---|---|---|---|---|--|
| 481 | CHECK 220 AND 223: NUMBER OF CHILDREN BORN SINCE BAISAKH 1, 2052 AND LIVING WITH HER ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> | | →484 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 482 | What usually happens with your (youngest) child's stools when he/she does not use any toilet facility? | ALWAYS USE TOILET/LATRINE01 THROW IN THE TOILET/LATRINE02 THROW OUTSIDE THE DWELLING.....03 THROW OUTSIDE THE YARD.....04 BURY IN THE YARD.....05 RINSE AWAY.....06 USE DIAPERS07 NOT DISPOSED OF08 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 483 | CHECK 475, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET OR Q.475 NOT ASKED <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> | | →486 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 484 | Have you ever heard of a special product called Jeevan Jal or Navajeevan you can get for the treatment of diarrhea? | YES1 NO2 | →486 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 485 | Have you ever seen a packet like these? SHOW PACKET OF JEEVAN JAL, OTHER TYPES OF ORS. | YES1 NO2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 486 | CHECK 223: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/> | | →488 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 487 | When (your child/one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment? IF SAYS NO CHILD EVER ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment? | YES1 NO2 DEPENDS3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 488 | Now I would like to ask you some questions about medical care for you yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or not problem for you Knowing where to go. Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider. | <table border="1"> <thead> <tr> <th></th> <th>BIG PROBLEM</th> <th>SMALL PROBLEM</th> <th>NOT A PROBLEM</th> </tr> </thead> <tbody> <tr> <td>Knowing where to go.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Getting permission to go.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Getting money needed for treatment.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>The distance to the health facility.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Having to take transport.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Not wanting to go alone.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Concern that there may not be a female health provider.</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | | BIG PROBLEM | SMALL PROBLEM | NOT A PROBLEM | Knowing where to go. | 1 | 2 | 3 | Getting permission to go. | 1 | 2 | 3 | Getting money needed for treatment. | 1 | 2 | 3 | The distance to the health facility. | 1 | 2 | 3 | Having to take transport. | 1 | 2 | 3 | Not wanting to go alone. | 1 | 2 | 3 | Concern that there may not be a female health provider. | 1 | 2 | 3 | |
| | BIG PROBLEM | SMALL PROBLEM | NOT A PROBLEM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Knowing where to go. | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Getting permission to go. | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Getting money needed for treatment. | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The distance to the health facility. | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Having to take transport. | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not wanting to go alone. | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Concern that there may not be a female health provider. | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|--|
| 489 | CHECK 220 AND 223: HAS AT LEAST 1 CHILD BORN SINCE BAISAKH 1, 2054 AND LIVING WITH HER <input type="checkbox"/> DOES NOT HAVE ANY CHILD BORN SINCE BAISAKH 1, 2054 LIVING WITH HER <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE TO 490 NAME _____ | | →493 |
| 490 | Now I would like to ask you about liquids [NAME FROM Q.489] drank over the last seven days, including yesterday. How many <u>days</u> during last seven days did [NAME] drink each of the following? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: In total, how many <u>times</u> yesterday during the day or at night did [NAME] drink [ITEM]? a Plain water? b Any milk, other than breastmilk, such as cow milk, mohi, tinned or powdered milk or infant formula? c Any other liquids such as ghee, honey, tea, soup, rice water? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'. | LAST 7 DAYS NUMBER OF DAYS a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> | YESTERDAY/ LAST NIGHT NUMBER OF TIMES a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> |
| 491 | Now I would like to ask you about the types of foods [NAME FROM Q.489] ate over the last seven days, including yesterday. How many <u>days</u> during last seven days did [NAME] eat each of the following foods, either separately or combined with other food? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did [NAME] eat [ITEM]? a Any food made from grains, like rice, millet, sorghum, maize, wheat, or porridge? b Pumpkin, carrots, papaya, or mango? c Food made from roots or tubers, like potatoes, yams, tapioca? d Any green leafy vegetables? e Any other fruits and vegetables, like bananas, apples, guava, green beans, amala, orange, tomatoes? f Meat, poultry, fish, liver, or eggs? g Any food made from legumes, like daal, peanuts, beans? h Cheese or yogurt? i Any food made with ghee, oil, fat, or butter? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'. | LAST 7 DAYS NUMBER OF DAYS a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> | YESTERDAY/ LAST NIGHT NUMBER OF TIMES a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> |
| 492 | The last time you fed your child(ren), did you wash your hands immediately before feeding (him/her/them)? | YES 1 NO 2 NEVER FED CHILD(REN)..... 3 | |
| 493 | Do you smoke cigarettes or bidis or tobacco? | YES, CIGARETTES/BIDIS..... A YES, PIPE B YES, OTHER TOBACCO..... C NO Y | |
| 494 | CHECK 493: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> | | →501 |
| 495 | In the last 24 hours, how many cigarettes/bidis did you smoke? | CIGARETTES/BIDIS..... <input type="checkbox"/> | |

SECTION 5. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------------------------------|
| 501 | CHECK 118: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> | | →514 |
| 502 | CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> | | →514 |
| 503 | CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE (A/ANOTHER) CHILD..... 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE ... 5 | →505 →514 →511 →509 |
| 504 | CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS 1 YEARS..... 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW..... 998 | →510 →514 →510 |
| 505 | CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | →511 |
| 506 | CHECK 310: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> | | →509 |
| 507 | CHECK 504: NOT ASKED <input type="checkbox"/> 24 MONTHS OR MORE OR 02 OR MORE YEARS <input type="checkbox"/> 23 MONTHS OR LESS OR LESS THAN 02 YEARS <input type="checkbox"/> | | →511 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 508 | <p>CHECK 503:</p> <p style="text-align: center;"> WANTS <input type="checkbox"/> WANTS NO (MORE) <input type="checkbox"/> A/ANOTHER CHILD CHILDREN </p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p> | <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX..... B INFREQUENT SEX..... C MENOPAUSAL/HYSTERECTOMY..... D SUBFECUND/INFECUND E POSTPARTUM AMENORRHEIC F BREASTFEEDING G FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED..... I HUSBAND OPPOSED J OTHERS OPPOSED..... K RELIGIOUS PROHIBITION..... L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS..... O FEAR OF SIDE EFFECTS P LACK OF ACCESS/TOO FAR Q COST TOO MUCH R INCONVENIENT TO USE S INTERFERES WITH BODY'S NATURAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW..... Z</p> | |
| 509 | <p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p> | <p>BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 SAYS SHE CAN'T GET PREGNANT 4</p> | |
| 510 | <p>CHECK 310: USING A METHOD?</p> <p style="text-align: center;"> NOT <input type="checkbox"/> NOT <input type="checkbox"/> CURRENTLY <input type="checkbox"/> ASKED CURRENTLY USING USING </p> | | →514 |
| 511 | <p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p> | <p>YES..... 1 NO 2 DON'T KNOW..... 8</p> | →513 |
| 512 | <p>Which method would you prefer to use?</p> | <p>FEMALE STERILIZATION..... 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS..... 06 CONDOM 07 FOAM, JELLY 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p> | →514 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 513 | What is the main reason that you think you will not use a method at any time in the future? | FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 MENOPAUSAL/HYSTERECTOMY..... 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED..... 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION..... 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS..... 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW..... 98 | |
| 514 | CHECK 221: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. | NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY) | →516 |
| 515 | How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? | BOYS GIRLS EITHER NUMBER ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY) | |
| 516 | Would you say that you approve or disapprove of couples using a method to avoid getting pregnant? | APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3 | |
| 517 | In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? In street drama? | YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 STREET DRAMA 1 2 | |
| 518 | In the last few months, have you heard the following programs on the radio: Jana Swastha Karyakram? Ghanti Heri Had Nilau, the drama? Ghanti Heri Had Nilau, the song? Shriman Shrimatile Pariwarbare Kuradani Gareko Chhoto Radio Natak? | YES NO JANA SWASTHA..... 1 2 GHANTI HERI DRAMA..... 1 2 GHANTI HERI SONG 1 2 SHRIMAN SHRIMATILE 1 2 | |
| 519 | In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives? | YES..... 1 NO 2 | →521 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 520 | With whom? Anyone else? RECORD ALL MENTIONED. | HUSBANDA MOTHERB FATHERC SISTER(S)D BROTHER(S)E DAUGHTERF SONG MOTHER-IN-LAWH FRIENDS/NEIGHBORSI OTHER _____ X (SPECIFY) | |
| 521 | CHECK 118: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> | | →528 |
| 522 | CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/> | | →524 |
| 523 | You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together? | MAINLY RESPONDENT1 MAINLY HUSBAND2 JOINT DECISION3 OTHER _____ 6 (SPECIFY) | |
| 524 | Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy? | APPROVES1 DISAPPROVES2 DON'T KNOW8 | |
| 525 | How often have you talked to your husband about family planning in the past year? | NEVER1 ONCE OR TWICE2 MORE OFTEN3 | |
| 526 | CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> | | →528 |
| 527 | Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want? | SAME NUMBER1 MORE CHILDREN2 FEWER CHILDREN3 DON'T KNOW8 | |
| 528 | Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She is tired or not in the mood? She has recently given birth? She knows her husband has sex with other women? She knows her husband has a sexually transmitted disease? | YES NO DK TIRED/MOOD1 2 8 RECENT BIRTH1 2 8 OTHER WOMEN1 2 8 HAS STD1 2 8 | |

SECTION 6. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 601 | CHECK 118: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> | | →603 |
| 602 | How old was your husband on his last birthday? | AGE IN COMPLETED YEARS <input type="text"/> | |
| 603 | Did your (last) husband ever attend school? | YES 1 NO 2 | →605 |
| 604 | What was the highest grade he completed? | GRADE..... <input type="text"/> DON'T KNOW 98 | |
| 605 | CHECK 601: CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED <input type="checkbox"/> What is your husband's occupation? That is, what kind of work does he mainly do? What was your (last) husband's occupation? That is, what kind of work did he mainly do? | <input type="text"/> <input type="text"/> <input type="text"/> | |
| 606 | Aside from your own housework, are you currently working? | YES 1 NO 2 | →609 |
| 607 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work? | YES 1 NO 2 | →609 |
| 608 | Have you done any work in the last 12 months? | YES 1 NO 2 | →618 |
| 609 | What is your occupation, that is, what kind of work do you mainly do? | <input type="text"/> <input type="text"/> <input type="text"/> | |
| 610 | CHECK 609: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | | →612 |
| 611 | Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? | OWN LAND/FAMILY LAND 1 RENTED LAND/TENANCY 2 SOMEONE ELSE'S LAND 3 | |
| 612 | Are you self-employed, employed by someone else, or do you do this work for a member of your family? | SELF-EMPLOYED 1 BY SOMEONE ELSE 2 FOR FAMILY MEMBER 3 | |
| 613 | Do you usually work at home or away from home? | HOME..... 1 AWAY FROM HOME 2 | |
| 614 | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | THROUGHOUT THE YEAR..... 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE..... 3 | |
| 615 | Are you paid in cash or kind for this work or are you not paid at all? | CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 | →618 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 616 | Who mainly decides how the money you earn will be used? | RESPONDENT1 HUSBAND2 RESPONDENT AND HUSBAND JOINTLY3 SOMEONE ELSE4 RESPONDENT AND SOMEONE ELSE JOINTLY5 | |
| 617 | On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all? | ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HER INCOME IS ALL SAVED.6 | |
| 618 | Do you own any land, either by yourself or jointly with someone else? | YES, OWNS ALONE1 YES, OWNS JOINTLY2 NO3 | ↳620 |
| 619 | If you ever needed to, could you sell the land without anyone else's permission? | YES1 NO2 NOT SURE/DOES NOT KNOW8 | |
| 620 | Do you own any livestock, such as goats or cows, either by yourself or jointly with someone else? | YES, OWNS ALONE1 YES, OWNS JOINTLY2 NO3 | ↳622 |
| 621 | If you ever needed to, could you sell the animals without anyone else's permission? | YES1 NO2 NOT SURE/DOES NOT KNOW8 | |
| 622 | Have you yourself ever taken a loan to start or expand a business? | YES1 NO2 | →624 |
| 623 | How did you pay back the loan? | NOT YET PAID BACK1 SOMEONE ELSE PAID FOR HER2 PROFITS FROM BUSINESS3 SOLD ASSETS TO PAY LOAN4 OTHER _____ 6 (SPECIFY) | |
| 624 | Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family, friends, or relatives? What food should be cooked each day? | RESPONDENT = 1 HUSBAND = 2 RESPONDENT & HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 1 2 3 4 5 6 | |
| 625 | Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? | YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 | |

SECTION 7: AIDS AND SEXUAL BEHAVIOR

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|---------------|---|---|------|
| 701 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 | →708 |
| 702 | Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS? | YES 1 NO 2 DON'T KNOW 8 | ↳706 |
| 703 | What can a person do? Anything else? RECORD ALL MENTIONED. | ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEX PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS/BLADES N AVOID SEX WITH SOMEONE WHO HAS AIDS O OTHER _____ X (SPECIFY) OTHER _____ Y (SPECIFY) DON'T KNOW Z | |
| 704 | Can people protect themselves from getting the AIDS virus by having just one sex partner who has no other partners? | YES 1 NO 2 DON'T KNOW 8 | |
| 705 | Can people protect themselves from getting the AIDS virus by using a condom every time they have sex? | YES 1 NO 2 DON'T KNOW 8 | |
| 706 | Is it possible for a healthy-looking person to have the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 707 | Can the virus that causes AIDS be transmitted from a mother to a child? | YES 1 NO 2 DON'T KNOW 8 | |
| 708 | CHECK 118 AND 701: CURRENTLY MARRIED AND KNOWS AIDS <input type="checkbox"/> CURRENTLY MARRIED AND DOES NOT KNOW AIDS <input type="checkbox"/> WIDOWED, DIVORCED, SEPARATED <input type="checkbox"/> | | →716 |
| (SKIP TO 710) | | | |
| 709 | Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband? | YES 1 NO 2 | |
| 710 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse? | NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND 96 | →713 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | |
|-----|--|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------|
| 711 | <p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p> | <p>DAYS AGO..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS AGO..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MONTHS AGO..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>YEARS AGO..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> | | | | | | | | | | | | | | | | | →713 |
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| 712 | The last time you had sexual intercourse, was a condom used? | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | | | | | | | | | |
| 713 | Do you know of a place where one can get condoms? | <p>YES 1</p> <p>NO 2</p> | →716 | | | | | | | | | | | | | | | | |
| 714 | <p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME OF PLACE)</p> <p>Any other place?</p> <p>(RECORD ALL MENTIONED)</p> | <p>GOVERNMENT SECTOR</p> <p>GOVT. HOSPITAL/CLINIC.....A</p> <p>PRIMARY HEALTH CARE CENTRE/ HEALTH CENTREB</p> <p>HEALTH POST C</p> <p>SUB-HEALTH POST.....D</p> <p>PHC OUTREACH CLINIC.....E</p> <p>FCHV.....F</p> <p>CONDOM BOX G</p> <p>OTHER GOV'T _____H (SPECIFY)</p> <p>NON-GOV'T (NGO) SECTOR</p> <p>FP ASSN. OF NEPALI</p> <p>MARIE STOPESJ</p> <p>ADRAK</p> <p>NEPAL RED CROSSL</p> <p>OTHER NGO _____M (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC, NURSING HOME N</p> <p>PHARMACY O</p> <p>OTHER PRIVATE _____P (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOPQ</p> <p>FRIEND/RELATIVE..... R</p> <p>OTHER _____X (SPECIFY)</p> | | | | | | | | | | | | | | | | | |
| 715 | If you wanted to, could you yourself get a condom? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p> | | | | | | | | | | | | | | | | | |
| 716 | RECORD THE TIME. | <p>HOUR..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> | | | | | | | | | | | | | | | | | |
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

EDITOR'S OBSERVATIONS

NAME OF THE EDITOR: _____ DATE: _____

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

SENTENCES FOR LITERACY TEST

1. Parents love their children.
2. Farming is hard work.
3. The child is reading a book.
4. Children should go to school.
5. Boys and girls are equal.